

**Before the  
Federal Communications Commission  
Washington, DC 20554**

|  |   |                      |
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| In the Matter of                           | ) |                      |
|  | ) |                      |
| Universal Service Contribution             | ) | WC Docket No. 06-122 |
| Methodology                                | ) |                      |
|  | ) | CC Docket No. 96-45  |
| Federal-State Joint Board on Universal     | ) |                      |
| Service                                    | ) |                      |
|  | ) |                      |
| Requests for Review of Decisions of        | ) |                      |
| Universal Service Administrator by         | ) |                      |
| Airband Communications, Inc. <i>et al.</i> | ) |                      |

**APPLICATION FOR REVIEW OF AIRBAND COMMUNICATIONS, INC.**

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**I. INTRODUCTION AND SUMMARY**

Pursuant to Section 1.115 of the Commission's rules, Airband Communications, Inc. ("Airband") submits this Application for Review of the Wireline Competition Bureau's August 13, 2010 Order ("*2010 Bureau Order*")<sup>1</sup> rejecting Airband's Emergency Petition for Review and Request for Waiver ("Petition"). Airband filed its Petition to contest the Universal Service Administration Company Administrator's ("USAC") decision, attached hereto as Exhibit 1, rejecting Airband's corrected 2007 Form 499-A on the basis that it was not timely filed.<sup>2</sup>

The *2010 Bureau Order* has the effect of forcing Airband to pay approximately \$500,000 in universal service contributions that the company simply does not owe and that the

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<sup>1</sup> *Universal Service Contribution Methodology, Federal State Joint Board on Universal Service, Requests for Review of Decisions of Universal Service Administrator by Airband Communications, Inc. et al*, Order, DA 10-1514 (Aug. 13, 2010) ("*2010 Bureau Order*").

<sup>2</sup> Airband Communications Inc., Form 499 Filer ID No. 825978, Emergency Petition for Review and Request for Waiver of USAC Administrator's June 24, 2008 Decision, CC Docket No. 96-45, WC Docket No. 06-122 (filed July 23, 2008) ("Airband Request for Review").

Commission cannot lawfully collect. Remarkably, there is no dispute about the size of Airband's universal service obligation; the only issue addressed in the Bureau Order is whether Airband will be allowed to *correct an erroneous filing* and properly report its universal service liability to USAC.

The Bureau's denial of Airband's Petition should be reversed by the Commission because it is legally untenable, is contrary to FCC rules and policy, and threatens the commercial viability of Airband.<sup>3</sup> The Bureau's approach is so problematic and the result here so inequitable that a reviewing court would be compelled to stay the Bureau's Order under the traditional legal test for a judicial stay.<sup>4</sup> As detailed below, the Commission is faced with two options: (1) grant the underlying Petition and allow a viable small-business in the ever-shrinking communications marketplace to correctly report its USF obligations and survive; or (2) endorse the USAC's erroneous interpretation of USF rules, ratify the Bureau's arbitrary and capricious action, maintain the fiction that Airband owes vast sums that it is not, in fact, obligated to pay, and ultimately force a competitor out of business.

Airband thus requests that the Commission reverse the Bureau's decision in the *2010 Bureau Order* and order USAC to process Airband's corrected Form 499-A as timely filed.

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<sup>3</sup> 47 C.F.R. § 1.115(b)(2)(i). Section 1.115 of the FCC rules permits Commission review where: (1) The action taken pursuant to delegated authority is in conflict with statute, regulation, case precedent or established Commission policy; (2) The action involves a question of law or policy which has not previously been resolved by the Commission; (3) The action involves application of a precedent or policy which should be overturned or revised; (4) An erroneous finding as to an important or material question of fact; or (5) Prejudicial procedural error. As detailed throughout this pleading, Commission review is warranted under most, if not all, of these factors.

<sup>4</sup> See *Va. Petroleum Jobbers Ass'n v. Federal Power Commission*, 259 F.2d 921, 925 (D.C. Cir. 1958) (considering the: (1) likelihood of success on the merits; (2) irreparable harm in the absence of the requested relief; (3) the possibility of harm to other parties; and (4) the public interest).

Alternatively, the Commission should waive the filing deadline in this instance and order USAC to process Airband's corrected 2007 Form 499-A as timely filed. Under either approach, the Commission should instruct USAC to remove all late fees, penalties, and interest charges associated with the incorrect original 2007 Form 499-A.

## **II. BACKGROUND**

Airband is a wireless broadband provider that principally provides data services to thousands of U.S. business customers and also provides interconnected VoIP service. In 2007, the FCC began requiring interconnected VoIP providers such as Airband to report interconnected VoIP revenue on Form 499-A (covering 4Q2006 revenues) in order to assess the proper contribution to the Universal Service Fund ("USF").<sup>5</sup> On its original 2007 Form 499-A, which was the first time Airband as an interconnected VoIP provider was required to file, it mistakenly included all 2006 fourth quarter revenues in lines 420 and 423—including exempt information services revenues and intrastate revenues.<sup>6</sup> The original Form 499-A is attached hereto as Exhibit 2. As a result, Airband incorrectly reported assessable revenues of approximately \$4.9 million, and a universal service contribution level of approximately \$500,000.

When Airband understood its original 2007 Form 499-A was not accurate, it filed a corrected 2007 Form 499-A to include revenues only from the interconnected VoIP component of its services, resulting in assessable revenue of less than \$2,500 for the fourth quarter of 2006.

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<sup>5</sup> *Universal Service Contribution Methodology, Federal-State Joint Board on Universal Service, 1998 Biennial Regulatory Review – Streamlined Contributor Reporting Requirements Associated with Administration of Telecommunications Relay Service, North American Numbering Plan, Local Number Portability, and Universal Support Mechanisms, Report and Order and Notice of Proposed Rulemaking, 21 FCC Rcd 7518 (WCB 2006) ("2006 Interconnected VoIP USF Order").*

<sup>6</sup> The factual statements in this document are supported by the attached Declaration of Tim Kinnear, Airband Communications.

This amount qualified Airband for the *de minimis* exemption under Rule 54.708.<sup>7</sup> Accordingly, Airband is not liable for any USF contributions for 2006. The revised Form 499-A is attached hereto as Exhibit 3.

Airband's corrected 2007 Form 499-A filing was mailed on March 31, 2008. However, after adopting a novel conception of the deadline that required that payments be received, rather than mailed, by the date in question, the USAC Administrator rejected the corrected filing as untimely because USAC received the filing three days later, on April 3, 2008.<sup>8</sup> Airband subsequently filed a Petition seeking reversal of the USAC Decision on the grounds that USAC had misapplied the relevant law regarding filing deadlines or, in the alternative, waiver of the filing deadline. On August 13, 2010, the *2010 Bureau Order* was released, denying several petitions, including Airband's, and finding that none of the petitioners had met their burden of showing good cause to justify waiving the deadlines at issue.<sup>9</sup> In this application for review, Airband requests that the Commission reverse the Bureau's decision in the *2010 Bureau Order* and order USAC to process Airband's corrected Form 499-A as timely filed.

### III. ARGUMENT

#### A. **The Bureau's Decision Misinterprets the Commission's Rules In a Manner That Violates Airband's Due Process Rights.**

The USAC erred in refusing to accept Airband's revised Form 499-A because it was timely filed. Even if the Commission decides to maintain the fiction that Airband's filing was untimely, which it was not, the Bureau cannot so severely penalize Airband through the enforcement of its inconsistent rules without trampling on its Due Process rights.

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<sup>7</sup> 47 C.F.R. § 54.708.

<sup>8</sup> USAC Decision at 2.

<sup>9</sup> *2010 Bureau Order*, ¶ 1.

1. Airband's Corrected Form 499-A, Which Was Timely Filed, Establishes That Airband Is a *De Minimis* Provider.

The corrected Form 499-A was postmarked—and hence, timely filed—on March 31, 2008. USAC's treatment of this filing as late is improper and conflicts with established Commission policy. The Bureau concluded that "FCC Forms 499 are considered filed upon their receipt."<sup>10</sup> But this is contradicted by the Commission's rules and policies that treat universal service filings as having been filed as of the postmark date.<sup>11</sup> As the Commission has stated:

Postmark We also agree with commenters that we should treat appeals to the Administrator or the Commission as having been received on the date that they are postmarked rather than the date they are filed. Commenters note that this change would be consistent with other program filing deadlines. For example, such a change would make the appeal procedure consistent with the Administrator's practice of treating FCC Form 471 applications as having been filed as of the postmark date. . . . In addition, we agree with commenters that using the postmarked date furthers the goal of improving program operation and ensuring a fair and equitable distribution of the benefits of the program. Thus, we find that it is consistent with public interest that we treat appeals to the Administrator or the Commission as having been filed on the date they are postmarked.<sup>12</sup>

The policy that a document be deemed filed on the postmark date is also reflected in the Contributor Appeals Procedure on USAC's own website, stating: "Any appeal must be **filed within 60 days** of the issuance of the decision from USAC and must be **postmarked** within 60 days of that date."<sup>13</sup>

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<sup>10</sup> *Id.*, ¶ 10.

<sup>11</sup> *See, e.g.*, 47 C.F.R. § 54.720(e) (requests for review of Administrator decisions "shall be deemed filed on the postmark date").

<sup>12</sup> *Schools and Libraries Universal Service Support Mechanism*, Second Report and Order and Further Notice of Proposed Rulemaking, 18 FCC Rcd 9202, ¶ 57 (FCC 2003) (footnotes omitted).

<sup>13</sup> File an Appeal, USAC, available at <http://www.usac.org/fund-administration/contributors/file-appeal/> (emphasis in original).

That the Commission and USAC traditionally look to the postmark date as the deemed filed date is clear. And nothing in the Form 499 instructions<sup>14</sup> or in the *2004 Bureau Order*—which adopted the deadline for revisions to worksheets of one year beyond the original filing deadline—suggests otherwise.<sup>15</sup> Nevertheless, the *2010 Bureau Order* concluded that FCC Rule 1.7 supports its novel argument that a revised FCC Form 499-A is considered only upon actual receipt by USAC.<sup>16</sup> But Rule 1.7 only states that the rule applies to items filed with the Commission. As the Commission is well-aware, Forms 499 are *filed with USAC, not the Commission*.<sup>17</sup> The Bureau also relied on the *Atlantic Digital* decision for its conclusion that “postmarked by” is different from “submitted to.”<sup>18</sup> But this case and *Atlantic Digital* are plainly distinguishable. In *Atlantic Digital*, a provider was liable for late fees based on money that was appropriately due. Here, USAC seeks to hold the provider liable for money that was never appropriately due, as Airband qualified for the *de minimis* exception. Another key difference is

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<sup>14</sup> Instructions to the Telecommunications Reporting Worksheet, Form 499-A, at 12, n. 19 (2010), available at <http://www.usac.org/res/documents/fund-administration/pdf/forms/form-499A-fy2010-instructions.pdf>.

<sup>15</sup> *Federal-State Joint Board on Universal Service; 1998 Biennial Regulatory Review – Streamlined Contributor Reporting Requirements Associated with Administration of the Telecommunications Relay Service, North American Numbering Plan, Local Number Portability, and Universal Service Support Mechanisms; Changes to the Board of Directors of the National Exchange Carrier Associations, Inc.*, Order, 20 FCC Rcd 1012 (WCB 2004) (“*2004 Bureau Order*”). The order merely states that USAC “adopt[s] a twelve-month deadline for filing revisions to the Form 499-A which would result in a decreased contribution amount. Accordingly, any revised 499-A that would result in decreased contributions must be submitted by March 31 of the year after the original filing due date.” *Id.*, ¶ 10.

<sup>16</sup> *Bureau Order*, ¶ 10, n.29.

<sup>17</sup> 47 C.F.R. § 1.7.

<sup>18</sup> See *Administrator’s Decision on Contributor Appeal*, attached as Exhibit A (June 24, 2008) (citing *Request for Review by Atlantic Digital, Inc. of Decision of Universal Service Administrator*, Order, 22 FCC Rcd 4224, ¶¶ 3, 5 (WCB 2005) (“*Atlantic Digital*”)).



that in *Atlantic Digital* USAC accepted the provider's form. Here, USAC did not accept Airband's form—a more substantive penalty that is not addressed at all in *Atlantic Digital*.

Airband's corrected Form 499-A, which was timely filed, establishes the company as a *de minimis* provider under Commission Rule 54.708.<sup>19</sup> USAC itself has explained that when a company subsequently qualifies for *de minimis* status, it should have its charges reversed, stating “[w]hen the 499-A is filed showing the actual revenue that had been projected quarterly, a true up will confirm the *de minimis* status for the year and reverse any charges that occurred for a company that is found to be *de minimis*.”<sup>20</sup> Accordingly, Airband cannot be held liable for universal service fund contributions that are not properly owed.

## 2. The Bureau's Order Violates Airband's Due Process Rights.

Even if Airband's Form 499-A was not timely filed under the agency's view, the Bureau cannot reject the revised form without violating Airband's Due Process rights. “Traditional concepts of due process incorporated into administrative law preclude an agency from penalizing a private party for violating a rule without first providing adequate notice of the substance of the rule.”<sup>21</sup> “The due process clause thus ‘prevents . . . deference from validating the application of a regulation that fails to give fair warning of the conduct it prohibits or requires.’”<sup>22</sup> “In the absence of notice—for example, where the regulation is not sufficiently clear to warn a party

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<sup>19</sup> 47 C.F.R. § 54.708.

<sup>20</sup> De Minimis Exemption on USAC website, *available at* <http://www.usac.org/fund-administration/contributors/who-must-contribute/de-minimis-exemption.aspx> (updated Apr. 13, 2009).

<sup>21</sup> *Satellite Broadcasting Co., Inc. v. FCC*, 824 F.2d 1, 3 (D.C. Cir. 1987); *see also General Elec. Co. v. EPA*, 53 F.3d 1324, 1328 (D.C. Cir. 1995) (“Due process requires that parties receive fair notice before being deprived of property.”).

<sup>22</sup> *Id.* (quoting *Gates & Fox Co. v. OSHRC*, 790 F.2d 154, 156 (D.C.Cir.1986)).

about what is expected of it—an agency may not deprive a party of property by imposing civil or criminal liability.”<sup>23</sup> Indeed, “‘elementary fairness compels clarity’ in the statements and regulations setting forth the actions with which the agency expects the public to comply.”<sup>24</sup>

For example, in *Satellite Broadcasting Co., Inc. v. FCC*,<sup>25</sup> the D.C. Circuit held that the Commission acted unlawfully when it dismissed as untimely applications to operate radio stations because the agency’s rules addressed the filing of applications “in a baffling and inconsistent fashion.”<sup>26</sup> And in *PMD Produce Brokerage Corp. v. Department of Agriculture*,<sup>27</sup> the D.C. Circuit likewise held that the agency violated Due Process when it dismissed an administrative appeal as untimely because the agency’s rules regarding the filing deadline were inconsistent.<sup>28</sup>

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<sup>23</sup> *Id.* at 1328-29.

<sup>24</sup> *Id.* at 1329 (quoting *Radio Athens, Inc. v. FCC*, 401 F.2d 398, 404 (D.C.Cir.1968)).

<sup>25</sup> 824 F.2d 1 (D.C. Cir. 1987).

<sup>26</sup> *Id.* at 2; *see also id.* at 4 (“The agency’s interpretation is entitled to deference, but if it wishes to use that interpretation to cut off a party’s right, it must give full notice of its interpretation.”); *Trinity Broad. of Fla. v. FCC*, 211 F.3d 618, 628 (D.C. Cir. 2000) (holding that “due process requires that parties receive fair notice before being deprived of property,” and applying that requirement to a denial of a renewal application for a Commission license).

<sup>27</sup> 234 F.3d 48 (D.C. Cir. 2000).

<sup>28</sup> *See id.* at 50, 54 (holding that “the Secretary did not give fair notice of his interpretation of § 1.142(c)(2) as requiring an appeal to be filed within 30 days of issuance of an administrative law judge’s oral decision” because “neither the Secretary’s Rules of Practice nor any other action by the Secretary provided fair notice to PMD that ‘issuance’ of the Judge’s oral decision under § 1.142(c) was ‘receiving service’ for purposes of noting an appeal under § 1.145(a)”; *see also State of Oregon v. FCC*, 102 F.3d 583, 585, 322 (D.C. Cir. 1996) (“The FCC acted arbitrarily and capriciously by rejecting Oregon’s application as untimely without having provided clear notice of the filing deadline.”); *Adams Telcom, Inc. v. FCC*, 997 F.2d 955, 957 (D.C. Cir. 1993) (holding that petitions for review were timely because “the Order did not give the petitioners adequate notice of the deadline for seeking judicial review”).

The Due Process violation in this case is no different from—and just as egregious as—those in *Satellite Broadcasting* and *PMD Produce*. Here, the Bureau’s decision violates Airband’s Due Process rights because the agency construed its “baffling and inconsistent” rules regarding the filing deadline for revised Forms 499 in a manner that severely penalizes Airband without adequate notice. While the Bureau states with certainty that FCC Forms 499 are considered filed upon their receipt,<sup>29</sup> other provisions clearly state otherwise. As explained above, the Commission’s rules and policies—as well as USAC’s own website—treat universal service filings as having been filed as of the postmark date. Airband reasonably relied upon these rules and policies in good faith when it postmarked its revised Form 499-A by the deadline. As a result, “[t]he Commission through its regulatory power cannot, in effect, punish a member of the regulated class for reasonably interpreting Commission rules. Otherwise the practice of administrative law would come to resemble ‘Russian Roulette.’”<sup>30</sup> The Bureau’s decision to manipulate its inconsistent rules and procedures in its own favor—by unlawfully awarding itself \$500,000 by administrative fiat—exacerbates the due process violation here.<sup>31</sup>

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<sup>29</sup> 2010 Bureau Order, ¶ 10 (citing 47 C.F.R. § 1.7).

<sup>30</sup> *Satellite Broadcasting*, 824 F.2d at 4; see also *General Elec.*, 53 F.3d at 133-34 (“Where, as here, the regulations and other policy statements are unclear, where the petitioner’s interpretation is reasonable, and where the agency itself struggles to provide a definitive reading of the regulatory requirements, a regulated party is not ‘on notice’ of the agency’s ultimate interpretation of the regulations, and may not be punished.”).

<sup>31</sup> See, e.g., *NLRB v. GranCare, Inc.*, 170 F.3d 662, 669 (7th Cir. 1999) (en banc) (Kanne, J., dissenting) (“Thus, less deference is afforded when agencies act outside their rulemaking authority. Courts also do not owe agencies deference when they act manipulatively. Acting manipulatively demonstrates that an agency’s interpretation is not rational and consistent with its enabling statute.” (citation omitted)); *NLRB v. Winnebago Television Corp.*, 75 F.3d 1208, 1214 (7th Cir. 1996) (“In the context of classifying supervisors, the NLRB’s manipulation of the definition provided in § 152(11) has earned it little deference.”); *Children’s Habilitation Ctr., Inc. v. NLRB*, 887 F.2d 130, 132 (7th Cir. 1989) (“More important than verbal niceties in the standard of review is judicial impatience with the Board’s well-attested manipulateness in the interpretation of the statutory test for ‘supervisor.’”).

**B. The Bureau Erred in Failing to Waive the 499-A Revision Filing Deadline.**

The Bureau's refusal to grant Airband's alternative request to waive the filing deadline cannot stand because the decision bears the hallmarks of arbitrary and capricious agency action and raises troubling questions about the Commission's statutory authority. Commission Rule 1.3 permits the agency to waive any provision of its rules for good cause shown.<sup>32</sup> Specifically, the Commission will waive its rules when particular facts make strict compliance inconsistent with the public interest; in making this determination, the Commission must take into account considerations of hardship, equity, or more effective implementation of policy on an individual basis.<sup>33</sup> Waiver is clearly warranted here to avoid the manifest injustice that will result if the Commission enforces the filing deadline.

1. The Bureau's Failure to Grant a Waiver Is Arbitrary and Capricious Under Section 706 of the APA.

The Bureau's Order must be reversed because it is arbitrary and capricious under the Administrative Procedure Act ("APA"). Under the APA,<sup>34</sup> a reviewing court must set aside agency action that is "arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law."<sup>35</sup> "To survive review under this standard, the FCC must examine and consider the relevant data and factors, 'and articulate a satisfactory explanation for its action including a rational connection between the facts found and the choice made.'"<sup>36</sup> The Commission's action

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<sup>32</sup> 47 C.F.R. § 1.3.

<sup>33</sup> See *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969); *Northeast Cellular Tel. Co. v. FCC*, 897 F.2d 1164 (D.C. Cir. 1990).

<sup>34</sup> See 5 U.S.C. § 706(2)(A).

<sup>35</sup> *Id.*

<sup>36</sup> *Verizon Telephone Cos. v. FCC*, 570 F.3d 294, 301 (D.C. Cir. 2009) (quoting *Motor Vehicle Mfrs. Ass'n, Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983)).

will be judged arbitrary and capricious if it has “entirely failed to consider an important aspect of the problem.”<sup>37</sup> Moreover, the APA’s scheme of reasoned decisionmaking requires the Commission to act consistently. “Where an agency applies different standards to similarly situated entities and fails to support this disparate treatment with a reasoned explanation and substantial evidence in the record, its action is arbitrary and capricious and cannot be upheld.”<sup>38</sup>

The Bureau’s Order violates these fundamental principles of administrative law in at least three respects. *First*, the Bureau’s Order fails to consider an important aspect in the waiver analysis—namely, the substantial hardship to Airband caused by the strict application of the one-year filing deadline. The D.C. Circuit has explained that the Commission’s waiver analysis should “take into account considerations of hardship, equity, or more effective implementation of overall policy, considerations that an agency cannot realistically ignore, at least on a continuing basis.”<sup>39</sup> Indeed, the Commission’s waiver decisions have long considered hardship to be an important factor in the analysis.<sup>40</sup> The Bureau’s Order, however, fails to take this important

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<sup>37</sup> *State Farm*, 463 U.S. at 43.

<sup>38</sup> *Burlington N. & Santa Fe Ry. Co. v. Surface Transp. Bd.*, 403 F.3d 771, 777 (D.C. Cir. 2005); *see also Willis Shaw Frozen Express Inc. v. ICC*, 587 F.2d 1333, 1336 (D.C. Cir. 1978) (stating that there must “be a rational basis discernible from the Commission’s report for disparate treatment of similarly situated parties seeking the same authority” and “[t]hat basis perforce would entail a Commission determination supported by substantial evidence and set forth somewhere in its report that the two applicants in fact were not otherwise similarly situated” (quotation omitted)).

<sup>39</sup> *WAIT Radio*, 418 F.2d at 1159.

<sup>40</sup> *E.g., Federal-State Joint Board on Universal Service, Universal Service Contribution Methodology, Aventure Communications Technology, LLC, Form 499 Filer ID: 825749 Request for Review of USAC Rejection Letter and Request for Waiver of USAC 45 Day Revision Deadline*, Order, 23 FCC Rcd 10096, ¶ 4, n.10 (WCB June 26, 2008) (“*Aventure Order*”) (citing *WAIT Radio*, 418 F.2d at 1159); *In re Hill & Meyer*, 18 FCC Rcd 6909, ¶ 6, n.23 (“In deciding whether or not to grant specific waiver requests, we must ‘take into account considerations of hardship, equity, or more effective implementation of overall policy’ in our broader quest for regulation in the ‘public interest.’” (quoting *WAIT Radio*, 418 F.2d at 1159)); *Petitions for*

factor into consideration,<sup>41</sup> even though the agency’s refusal to waive the filing deadline imposes a financial burden that threatens Airband with insolvency, as explained in greater detail below.

*Second*, the Bureau’s failure to consider the hardship to Airband highlights its arbitrary treatment of similarly situated contributors to the universal service fund. In the *Aventure Order*, the Bureau waived the Form 499 revision deadline for a company that, like Airband, mistakenly included all of its revenue instead of just the portion of revenue subject to USF.<sup>42</sup> Specifically, the Bureau waived the revision deadline “based on the amount of overpayment at issue,” which the Bureau calculated at “nearly 20 times its actual obligation,”<sup>43</sup> because Aventure faced “excessive harm” and “undue hardship.”<sup>44</sup> The hardship to Airband is even more severe than in the *Aventure Order*, where the company would have been able to seek reimbursement through the true-up process at the end of the year,<sup>45</sup> because the Bureau’s refusal to waive the deadline forever eliminates Airband’s ability to recoup the unlawful payments.

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*Waiver of Various Sections of Part 69 of the Commission’s Rules, filed by the Mountain States Telephone and Telegraph Company, Northwestern Bell Telephone Company, Pacific Northwest Bell Telephone Company, the Bell Atlantic Telephone Companies, Pacific Bell, New England Telephone and Telegraph Company, and BellSouth Corporation*, 104 FCC 2d 1132, ¶ 48 (“In deciding whether or not to grant specific waiver requests, we must ‘take into account considerations of hardship, equity, or more effective implementation of overall policy’ in our broader quest for regulation in the ‘public interest.’” (quoting *WAIT Radio*, 418 F.2d at 1159)).

<sup>41</sup> *Fox Television Stations, Inc. v. FCC*, 280 F.3d 1027, 1051 (D.C. Cir. 2002) (failure to consider an important aspect of the problem “alone require[s] that we reverse as arbitrary and capricious the Commission’s decision”).

<sup>42</sup> *Aventure Order*, ¶ 2.

<sup>43</sup> *Id.*

<sup>44</sup> *Id.*, ¶¶ 1, 3.

<sup>45</sup> *Id.*, ¶ 6.

The Bureau's failure to take these same hardship considerations into account in this case is the hallmark of arbitrary and capricious agency action.<sup>46</sup> For instance, in *Green Country Mobilephone, Inc. v. FCC*,<sup>47</sup> the D.C. Circuit held that the Commission abused its discretion in refusing to waive a deadline for submitting applications because the agency had "not treated similar cases similarly" and "failed to offer a reasonable distinction between this case and occasions in the past when waivers of filing deadlines have been granted."<sup>48</sup> As the court explained, "once an agency agrees to allow exceptions to a rule, it must provide a rational explanation if it later refuses to allow exceptions in cases that appear similar. A 'sometime-yes, sometimes-no, sometimes-maybe policy of [deadlines] cannot . . . be squared with our obligation to preclude arbitrary and capricious management of [an agency's] mandate.'"<sup>49</sup> The D.C. Circuit's reasoning—that an agency abuses its discretion when it "arbitrarily waives a deadline in one case but not in another"<sup>50</sup>—applies with equal force here because the Bureau failed to provide any rational explanation for its disparate treatment of similar waiver requests.

*Third*, the Bureau's decision is arbitrary and capricious because it exceeds the Commission's statutory authority in Section 254(d) by compelling Airband to make universal service contributions based on its intrastate revenue. As an administrative agency, the Commission "is a 'creature of statute,' having 'no constitutional or common law existence or

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<sup>46</sup> See, e.g., *C.F. Commcn's Corp. v. FCC*, 128 F.3d 735, 740 (D.C. Cir. 1997) (holding that the "Commission improperly discriminated between similarly situated phone services without a rational basis").

<sup>47</sup> 765 F.2d 235 (D.C. Cir. 1985).

<sup>48</sup> *Id.* at 237-38.

<sup>49</sup> *Id.* at 237.

<sup>50</sup> *Id.* at 238.

authority, but *only* those authorities conferred upon it by Congress.”<sup>51</sup> Therefore, “if there is no statute conferring authority, [the Commission] has none.”<sup>52</sup> “As the Supreme Court has recognized, ‘an agency literally has no power to act . . . unless and until Congress confers power upon it.’”<sup>53</sup> The Commission therefore is obligated to follow Congress’s statutory mandates and cannot act in a manner that frustrates Congress’s intent.<sup>54</sup>

As is relevant here, Congress has specifically limited the obligation of telecommunications carriers to contribute to the universal service fund. Carriers’ contributions are to be based *only* on their interstate telecommunications services revenues. The plain language of Section 254(d) states that carriers providing “interstate telecommunications services shall contribute” to the universal service fund.<sup>55</sup> Congress’s intent to limit universal service contributions to interstate revenues is confirmed by the fact that Section 2(b) of the Communications Act explicitly reserves authority over *intrastate* communications services to the states.<sup>56</sup> Put simply, the Commission lacks authority to compel carriers to make universal

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<sup>51</sup> *Cal. Indep. Sys. Operator Corp. v. Fed. Energy Regulatory Comm’n*, 372 F.3d 395, 398 (D.C. Cir. 2004) (quoting *Atlantic City Elec. Co. v. FERC*, 295 F.3d 1, 8 (D.C. Cir. 2002)).

<sup>52</sup> *Id.*

<sup>53</sup> *Id.* (quoting *La. Pub. Serv. Comm’n v. FCC*, 476 U.S. 355, 374 (1986)).

<sup>54</sup> *See, e.g., Am. Financial Servs. Ass’n v. FTC*, 767 F.2d 957, 968 (D.C. Cir. 1985) (recognizing that courts must “reject administrative agency actions which exceed the agency’s statutory mandate or frustrate congressional intent”).

<sup>55</sup> 47 U.S.C. § 254(d) (“Every telecommunications carrier that provides interstate telecommunications services shall contribute, on an equitable and nondiscriminatory basis, to the specific, predictable, and sufficient mechanisms established by the Commission to preserve and advance universal service.”); *see also 2006 Interconnected VoIP USF Order*, ¶ 52 (mandating that “[i]nterconnected VoIP providers . . . report and contribute to the USF on all their *interstate* . . . revenues.” (emphasis added)).

<sup>56</sup> *See* 47 U.S.C. § 152(b)(1) (“[N]othing in this chapter shall be construed to apply or to give the Commission jurisdiction with respect to . . . charges, classifications, practices, services,



service contributions based on their intrastate revenues, or on revenues from sources other than “telecommunications services.”<sup>57</sup>

Yet that is precisely the effect of the Bureau’s refusal to grant a waiver. The Bureau’s decision to allow the USAC ruling to stand compels Airband to make universal service contributions based on its intrastate and information-service revenues. That is a result plainly inconsistent with the Act and one Congress neither intended nor authorized.

The Bureau cannot arrogate to the Commission authority that does not exist in the statute through a hyper-technical application of filing deadlines.<sup>58</sup> Once the Bureau was presented with the fact that Airband’s revenues in the 499-A Form were inaccurate, it was powerless to compel Airband to contribute to the universal service fund based on revenues beyond the Commission’s jurisdiction, even by hiding behind the fig leaf of an ambiguous filing deadline. The Commission is of course free to implement the universal service fund in the manner it sees fit, but it cannot do so in a manner that is “not in accordance with law.”<sup>59</sup>

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facilities, or regulations for or in connection with intrastate communication service by wire or radio of any carrier[.]”).

<sup>57</sup> Nor does the Commission have authority to assess universal service contributions against Airband’s information service revenues because those revenues are exempt from the USF contribution methodology. The Commission’s rules explain that contributions to the USF shall only be based on “interstate and international telecommunications and telecommunications services.” 47 C.F.R. § 54.706. The *VoIP Order* additionally states that “[i]nterconnected VoIP providers must report and contribute to the USF on all their interstate and international end-user *telecommunications* revenues.” 2006 *Interconnected VoIP USF Order*, ¶ 52 (emphasis added). The Bureau acts outside of its authority by forcing Airband to contribute to the USF based on exempt information service revenue.

<sup>58</sup> *La. Pub. Serv. Comm’n*, 476 U.S. at 374-75 (“An agency may not confer power upon itself. To permit an agency to expand its power in the face of a congressional limitation on its jurisdiction would be to grant to the agency power to override Congress.”).

<sup>59</sup> 5 U.S.C. § 706(2)(A).

The Commission’s authority to enforce its deadlines to reach a result different from the one prescribed in the Communications Act—*i.e.*, to compel universal service contributions based on intrastate revenue—“must come specifically from Congress.”<sup>60</sup> But because the language of the Act is unambiguous, “Congress meant what it said”—carriers are only required to make universal service contributions based on their *interstate* revenues.<sup>61</sup> It is arbitrary and capricious for the Commission to enforce a deadline that results in the assessment of universal service fees on revenues that do not come within the statute or existing Commission rules. The Commission should therefore reverse the Bureau Order and direct USAC to accept Airband’s revised Form 499-A to avoid impermissibly exercising jurisdiction over Airband’s *intrastate* communications services in violation of the Communications Act.<sup>62</sup>

2. Waiver Is Necessary To Prevent Manifest Injustice to Airband.

Notwithstanding the unlawfulness of the Bureau’s Order, there is good cause for the Commission to waive the Form 499-A revision filing deadline for Airband and require USAC to process the corrected filing. The Bureau recently “reaffirm[ed] that when special circumstances

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<sup>60</sup> *FCC v. Midwest Video Corp.*, 440 U.S. 689, 709 (1979) (“*Midwest Video II*”).

<sup>61</sup> *FCC v. NextWave Personal Commcn’s Inc.*, 537 U.S. 293, 307 (2003).

<sup>62</sup> Neither does USAC have the authority to reject Airband’s corrected 2007 Form 499-A. Nothing in the FCC rules gives USAC the authority to reject outright any Form 499-A that may be filed on a untimely basis. Even the *USF Program Management Order*, which addresses the late payment and non-payment of universal service support funds that are actually due, does not give USAC the authority to reject late-filed forms. *See Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight; Federal-State Joint Board on Universal Service; Schools and Libraries Universal Service Support Mechanism*, Report and Order, 22 FCC Rcd 16372 (FCC 2007) (“*USF Program Management Order*”). Instead, USAC may only assess penalties when a Form 499-A is filed late. *See, e.g.*, 47 C.F.R. § 54.713(c) (permitting USAC to assess an “administrative remedial collection charge” when a Form 499-A is delinquent of either \$100 or a penalty based on the actual amount owed). Here, USAC is exceeding its authority by rejecting the filing of Airband, a *de minimis* provider which filed its revised 499-A at most three days late.

arise, we will waive the deadline for revising the FCC Form 499.”<sup>63</sup> As explained below, special circumstances in this case merit waiver of the filing deadline.

*First*, failure to grant a waiver and the rejection of Airband’s corrected filing would cause serious financial hardship to Airband. Airband is a small business and has not reached the scale necessary to be profitable. Thus, the company relies upon its investors and creditors for funding required to provide competitive services desired by consumers. A decision to force Airband to contribute approximately \$500,000 to the USF would threaten the company’s ability to obtain adequate funding from its investors and creditors, and impact its ability to provide competitive services to consumers. *Second*, as the Commission has noted when granting other waivers, Airband deserves a waiver because it “believed that [it was] filing on time.”<sup>64</sup> *Third*, neither the *2010 Bureau Order*, nor the USAC decision, explain how receipt of Airband’s filing on April 3, 2008, just three days late, impairs the administration of the fund.<sup>65</sup> Nor can they. There is no impact on the fund because no universal service contributions are due from Airband. *Fourth*, Airband has taken steps to ensure that future Form 499-A filings are accurate and timely, which the Bureau has considered a positive factor in evaluating previous waiver requests.<sup>66</sup>

At bottom, the *2010 Bureau Order* leaves Airband grappling with an outstanding dilemma, which the Commission should now take action to resolve. On one hand, it is plain that

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<sup>63</sup> *Universal Service Contribution Methodology, Federal-State Joint Board on Universal Service, Requests for Review of Decisions of Universal Service Administrator by AT&T, Inc., Eureka Broadband Corp.*, WC Docket No. 06-122, CC Docket No. 96-45, DA 10-1513 (WCB Aug. 13, 2010).

<sup>64</sup> *See Federal-State Joint Board on Universal Service; Benton/Linn Wireless LLC Petition for Waiver of Section 54.307(c) of the Commission’s Rules*, Order, 20 FCC Rcd 19212, ¶¶ 19 (WCB 2005).

<sup>65</sup> *See id.*, ¶ 12.

<sup>66</sup> *See Aventure Order*, ¶ 5.

the Commission does not have the authority to force Airband to contribute to the USF based on intrastate revenues and information services revenues. On the other hand, if Airband does not pay, it faces FCC Red Light status. This status would prevent Airband from receiving benefits from the FCC until the debt is settled—an outcome highly detrimental to Airband’s business. To resolve this dilemma, the Commission should reverse the Bureau and direct USAC to accept Airband’s filing—which establishes it as a *de minimis* provider for 2006—and order USAC to reverse the associated USF contributions that have been improperly assessed against Airband. Such action would remedy the manifest injustice resulting from USAC’s actions.

#### **IV. CONCLUSION**

For the reasons provided herein, the Commission should either: (1) reverse the *2010 Bureau Order* and the USAC decision; or (2) waive the filing deadline in this instance and order USAC to process Airband’s corrected 2007 Form 499-A as timely filed. Under either approach, the Commission should also instruct USAC to remove all late fees, penalties, and interest charges associated with the incorrect original 2007 Form 499-A.

Respectfully submitted,

AIRBAND COMMUNICATIONS, INC.

By: /s/ Tom Navin  
Thomas J. Navin  
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Washington, D.C., 20006  
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202.719.7049 fax  
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*Counsel to Airband Communications Inc.*

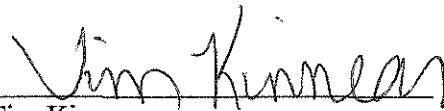
August 26, 2010

**DECLARATION OF TIM KINNEAR**

I, Tim Kinnear, Chief Financial Officer for Airband Communications, Inc., have read and understand the contents of Airband Communications, Inc. Application for Review, and the associated Exhibits and Declaration.

I declare under penalty of perjury that that the factual matters stated therein are true and accurate.

Executed in Dallas, TX on August 26<sup>th</sup>, 2010.

  
Tim Kinnear

## **Exhibit 1**



Administrator's Decision on Contributor Appeal

By Certified Mail

June 24, 2008

Mr. Justin Spagnolo  
Airband Communications, Inc.  
14800 Landmark Blvd., Suite 500  
Dallas, TX 75254

Re: Airband Communications, Inc. (Filer ID #825978)  
Letter of Appeal dated May 21, 2008

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Dear Mr. Spagnolo:

The Universal Service Administrative Company (USAC) has completed its evaluation of your letter of appeal submitted on behalf of Airband Communications, Inc. (Airband), dated May 21, 2008. The appeal requests USAC's acceptance of a revised 2007 FCC Form 499-A. As discussed in more detail below, USAC hereby denies Airband's appeal.

Decision on Appeal: Denied

On December 9, 2004, the Federal Communications Commission (FCC) issued the *Form 499-A Revision Order*,<sup>1</sup> which, among other things, adopted a deadline for revisions to worksheets of one year beyond the original filing deadline. The FCC extended the deadline for certain filers of 2003 revenue at that time, but made no provision for future waivers of the revision filing deadline. This Order specifically states that "any revised 499-A that would result in decreased contributions must be submitted by March 31 of the year after the original filing due date."<sup>2</sup>

Airband requests that USAC provide a copy of the postmark of its revised filing and indicating that the postmark date is the date by which the timeliness of the form should be considered. In *Atlantic Digital*, the FCC explained that "submitted to" is not synonymous with "postmarked by" and noted Commission rules "clearly provide that,

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<sup>1</sup> See *Federal-State Joint Board on Universal Service; 1998 Biennial Regulatory Review – Streamlined Contributor Reporting Requirements Associated with Administration of Telecommunications Relay Service, North American Numbering Plan, Local Number Portability, and Universal Service Support Mechanisms; Changes to the Board of Directors of the National Exchange Carrier Association, Inc.*, CC Docket Nos. 96-45, 98-71, 97-21, Order, DA 04-3669, 20 FCC Rcd 1012 (2004) (*Form 499-A Revision Order*).

<sup>2</sup> Id. at 1016, ¶10.

Justin Spagnolo  
Airband Communications, Inc.  
June 24, 2008  
Page 2 of 2

unless otherwise provided, documents are considered to be filed with the Commission upon their receipt at the location designated by the Commission."<sup>3</sup>

USAC records indicate that on April 16, 2007 Airband filed its original 2007 499-A form, which USAC processed. On April 3, 2008, Airband submitted a downward revision to its 2007 499-A, which was rejected as untimely filed. The deadline for filing downward revisions was March 31, 2008, so USAC properly rejected the revised FCC Form 499-A for failure to file within one year of the original submission due date.

Because Airband's revised 2007 Form 499-A was not received by the March 31, 2008 due date, USAC properly rejected the Form and Airband's appeal is hereby denied.

If you wish to further appeal this decision, you may file an appeal with the FCC. Detailed instructions for filing appeals are available at:

<http://www.universalservice.org/fund-administration/contributors/file-appeal>

Sincerely,

USAC

cc: Regina Dorsey, FCC Office of Managing Director  
Hillary DeNigro, FCC Enforcement Bureau  
Trent Harkrader, FCC Enforcement Bureau  
Greg Guice, FCC Wireline Competition Bureau

100-45-520  
JUN 24 2008  
SC 1111

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<sup>3</sup> *In the Matter of Request for Review by Atlantic Digital, Inc. of Decision of Universal Service Administrator*, CC Docket No. 96-45, DA 05-520, Order, 20 FCC Rcd. 4224, 4225-26, ¶¶ 3, 5 (2005) (*Atlantic Digital*) (citing 47 C.F.R. § 1.7).



## **Exhibit 2**

AS ORIGINALLY FILED

2007 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2006 Revenues)

Approval by OMB  
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing - due April 1, 2007

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See instructions.

|   |                                   |
|---|-----------------------------------|
| 101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722.<br>If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.] | 825978                            |
| 102 Legal name of reporting entity  | airband communications, inc.      |
| 103 IRS employer identification number  | [Enter 9 digit number] 88-8984072 |
| 104 Name telecommunications provider is doing business as   | airband communications            |

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance - see directions.]

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> CAP/LEC                                       | <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) | <input type="checkbox"/> Coaxial Cable            | <input type="checkbox"/> Incumbent LEC                   |
| <input checked="" type="checkbox"/> 2 Interconnected VoIP              | <input type="checkbox"/> Interexchange Carrier (IXC)                           | <input type="checkbox"/> Local Reseller           | <input type="checkbox"/> Operator Service Provider (OSP) |
| <input type="checkbox"/> Payphone Service Provider                     | <input type="checkbox"/> Prepaid Card  | <input type="checkbox"/> Private Service Provider | <input type="checkbox"/> Paging & Messaging              |
| <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC | <input type="checkbox"/> SMR (dispatch)  | <input type="checkbox"/> Toll Reseller            | <input checked="" type="checkbox"/> 1 Wireless Data      |

If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: ☐ Other Local ☐ Other Mobile ☐ Other Toll *2 Cellular*

|  |   |
|--|---|
| 106.1 Holding company name (All affiliated companies must show the same name on this line.)  | Airband Communications Holdings, Inc.   |
| 106.2 Holding company IRS employer identification number   | [Enter 9 digit number] 880984072        |
| 107 FCC Registration Number (FRN) [ https://svartifoss2.fcc.gov/cores/CoresHome.html ]<br>[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov] | 0660-8840-72<br>[Enter 10 digit number] |

|   |  |
|---|--|
| 108 Management company [if filer is managed by another entity]  |  |
| 109 Complete mailing address of reporting entity<br>corporate headquarters<br>Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208. | Street1 14800 Landmark Blvd, Suite 500<br>Street2<br>Street3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA<br>Street1 14800 Landmark Blvd, Suite 500<br>Street2<br>Street3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA |
| 110 Complete business address for customer inquiries and complaints<br>check if same address as Line 109 <input checked="" type="checkbox"/>  |  |

|  |                          |
|--|--------------------------|
| 111 Telephone number for customer complaints and inquiries [Toll-free number if available] | ( 866 ) - 247-2263 ext - |
|--|--------------------------|

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

|                                   |   |
|-----------------------------------|---|
| a Airband Communications          | g |
| b Accelacon                       | h |
| c Go-Comm                         | i |
| d Volonet Technologies, Inc       | j |
| e Windchannel Communications, Inc | k |
| f                                 | l |

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

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FCC Form 499-A  
April 2007

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## 2007 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2006 Revenues)

Page 2

## Block 2-A: Regulatory Contact Information

|   |   |    |             |
|---|---|----|-------------|
| 201 Filer 499 ID [from Line 101]  | 825978  |    |             |
| 202 Legal name of reporting entity [from Line 102]  | airband communications, inc.  |    |             |
| 203 Person who completed this Worksheet   | First Mulu  | MI | Last Dresse |
| 204 Telephone number of this person   | ( 469 ) - 791-0053 ext -  |    |             |
| 205 Fax number of this person   | ( 469 ) - 374-9071  |    |             |
| 206 Email of this person    Required if available -- not for public release   | mdresse@airband.com   |    |             |
| 207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent  | Office Attn First name Mulu MI Last Dresse<br>Email    Required if available, not for public release    mdresse@airband.com Phone ( 469 ) - 791-0053 ext - Fax ( 469 ) - 374-9071<br>Street1 14800 Landmark Blvd, Suite 500<br>Street2<br>Street3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA<br>Company Attn First name Mulu MI Last Dresse<br>Email    Required if available, not for public release    mdresse@airband.com Phone ( 469 ) - 791-0053 ext - Fax ( 469 ) - 374-9071<br>Street1 14800 Landmark Blvd, Suite 500<br>Street2<br>Street3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA |    |             |
| 208 Billing address and billing contact person:<br>[Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]<br>check if same name as Line 203 <input checked="" type="checkbox"/><br>check if same address as Line 109 <input checked="" type="checkbox"/><br>check if name and address same as Line 207 <input checked="" type="checkbox"/><br>check to use Line 208 information for FCC ITSP regulatory fee bill <input type="checkbox"/> |   |    |             |

## Block 2-B: Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See instructions.

|  |  |  |  |
|--|--|--|--|
| 209 D.C. Agent for Service of Process per 47 U.S.C. § 413                            | Company Paul, Hastings, LLP Attn First name David MI R Last Skidall  |  |  |
| 210 Telephone number of D.C. agent   | ( 202 ) - 551-1802 ext -   |  |  |
| 211 Fax number of D.C. agent   | ( 202 ) - 551-1202   |  |  |
| 212 Email of D.C. agent    Required if available                                     |  |  |  |
| 213 Complete business address of D.C. agent for hand service of documents            | Street1<br>Street2<br>Street3<br>City State DC Zip<br>check to use Line 213 information for FCC ITSP regulatory fee bill <input type="checkbox"/><br>[If both Line 208 and Line 213 are checked, Line 208 will be used.]                               |  |  |
| 214 Local/alternate Agent for Service of Process (optional)                          | Company Attn First name MI Last  |  |  |
| 215 Telephone number of local/alternate agent  | ( ) - ext -  |  |  |
| 216 Fax number of local/alternate agent  | ( ) -  |  |  |
| 217 Email of local/alternate agent    Required if available                          |  |  |  |
| 218 Complete business address of local/alternate agent for hand service of documents | Street1<br>Street2<br>Street3<br>City State Zip (postal code) Country if not USA<br>check to use Line 218 information for FCC ITSP regulatory fee bill <input type="checkbox"/><br>[If both Line 208 and Line 218 are checked, Line 208 will be used.] |  |  |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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April 2007

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2007 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2006 Revenues)

Page 3

Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

|   |   |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
|---|---|--|--|--|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|-----------------------------------|--|---|---|--------------------------------|---------------------------------------|---------------------------------------|-------------------------------|---|-----------------------------------|------------------------------------|---|--|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|----------------------------------|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|-----------------------------------|--|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|--|---|------------------------------------|--|---------------------------------------|------------------------------------|----------------------------------|--------------------------------|-------------------------------------|---|----------------------------------|----------------------------------|--|-------------------------------------|---------------------------------------|--|
| 219 Filer 499 ID (from Line 101)  | 825978  |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 220 Legal name of reporting entity (from Line 102)  | airband communications, Inc.  |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)  | First Mark M F Last Spagnolo  |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 222 Business address of individual named on Line 221<br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street1 14800 Landmark Blvd, Suite 500<br>Street 2<br>Street 3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)   | First John M Last McLeod  |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 224 Business address of individual named on Line 223<br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street1 14800 Landmark Blvd, Suite 500<br>Street 2<br>Street 3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)   | First Mary M Last McLeod  |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 226 Business address of individual named on Line 225<br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street1 14800 Landmark Blvd, Suite 500<br>Street 2<br>Street 3<br>City Dallas State TX Zip (postal code) 75254 Country if not USA |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 227 Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.  |   |  |  |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <table border="0"> <tr> <td><input type="checkbox"/> Alabama</td> <td><input type="checkbox"/> Guam</td> <td><input type="checkbox"/> Massachusetts</td> <td><input type="checkbox"/> New York</td> <td><input type="checkbox"/> Tennessee</td> </tr> <tr> <td><input type="checkbox"/> Alaska</td> <td><input type="checkbox"/> Hawaii</td> <td><input type="checkbox"/> Michigan</td> <td><input checked="" type="checkbox"/> North Carolina</td> <td><input checked="" type="checkbox"/> Texas</td> </tr> <tr> <td><input type="checkbox"/> American Samoa</td> <td><input type="checkbox"/> Idaho</td> <td><input type="checkbox"/> Midway Atoll</td> <td><input type="checkbox"/> North Dakota</td> <td><input type="checkbox"/> Utah</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arizona</td> <td><input type="checkbox"/> Illinois</td> <td><input type="checkbox"/> Minnesota</td> <td><input type="checkbox"/> Northern Mariana Islands</td> <td><input type="checkbox"/> U.S. Virgin Islands</td> </tr> <tr> <td><input type="checkbox"/> Arkansas</td> <td><input type="checkbox"/> Indiana</td> <td><input type="checkbox"/> Mississippi</td> <td><input type="checkbox"/> Ohio</td> <td><input type="checkbox"/> Vermont</td> </tr> <tr> <td><input checked="" type="checkbox"/> California</td> <td><input type="checkbox"/> Iowa</td> <td><input type="checkbox"/> Missouri</td> <td><input type="checkbox"/> Oklahoma</td> <td><input type="checkbox"/> Virginia</td> </tr> <tr> <td><input type="checkbox"/> Colorado</td> <td><input type="checkbox"/> Johnston Atoll</td> <td><input type="checkbox"/> Montana</td> <td><input type="checkbox"/> Oregon</td> <td><input type="checkbox"/> Wake Island</td> </tr> <tr> <td><input type="checkbox"/> Connecticut</td> <td><input type="checkbox"/> Kansas</td> <td><input type="checkbox"/> Nebraska</td> <td><input checked="" type="checkbox"/> Pennsylvania</td> <td><input type="checkbox"/> Washington</td> </tr> <tr> <td><input type="checkbox"/> Delaware</td> <td><input type="checkbox"/> Kentucky</td> <td><input type="checkbox"/> Nevada</td> <td><input type="checkbox"/> Puerto Rico</td> <td><input type="checkbox"/> West Virginia</td> </tr> <tr> <td><input type="checkbox"/> District of Columbia</td> <td><input type="checkbox"/> Louisiana</td> <td><input type="checkbox"/> New Hampshire</td> <td><input type="checkbox"/> Rhode Island</td> <td><input type="checkbox"/> Wisconsin</td> </tr> <tr> <td><input type="checkbox"/> Florida</td> <td><input type="checkbox"/> Maine</td> <td><input type="checkbox"/> New Jersey</td> <td><input type="checkbox"/> South Carolina</td> <td><input type="checkbox"/> Wyoming</td> </tr> <tr> <td><input type="checkbox"/> Georgia</td> <td><input checked="" type="checkbox"/> Maryland</td> <td><input type="checkbox"/> New Mexico</td> <td><input type="checkbox"/> South Dakota</td> <td></td> </tr> </table> |   | <input type="checkbox"/> Alabama       | <input type="checkbox"/> Guam                      | <input type="checkbox"/> Massachusetts       | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas | <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah | <input checked="" type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands | <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont | <input checked="" type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia | <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington | <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia | <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming | <input type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota |  |
| <input type="checkbox"/> Alabama  | <input type="checkbox"/> Guam   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York                  | <input type="checkbox"/> Tennessee           |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Alaska   | <input type="checkbox"/> Hawaii   | <input type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas    |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> American Samoa   | <input type="checkbox"/> Idaho  | <input type="checkbox"/> Midway Atoll  | <input type="checkbox"/> North Dakota              | <input type="checkbox"/> Utah                |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input checked="" type="checkbox"/> Arizona   | <input type="checkbox"/> Illinois   | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Northern Mariana Islands  | <input type="checkbox"/> U.S. Virgin Islands |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Indiana  | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Ohio                      | <input type="checkbox"/> Vermont             |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input checked="" type="checkbox"/> California  | <input type="checkbox"/> Iowa   | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Oklahoma                  | <input type="checkbox"/> Virginia            |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Colorado   | <input type="checkbox"/> Johnston Atoll   | <input type="checkbox"/> Montana       | <input type="checkbox"/> Oregon                    | <input type="checkbox"/> Wake Island         |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Connecticut  | <input type="checkbox"/> Kansas   | <input type="checkbox"/> Nebraska      | <input checked="" type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Washington          |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Delaware   | <input type="checkbox"/> Kentucky   | <input type="checkbox"/> Nevada        | <input type="checkbox"/> Puerto Rico               | <input type="checkbox"/> West Virginia       |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> District of Columbia   | <input type="checkbox"/> Louisiana  | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island              | <input type="checkbox"/> Wisconsin           |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Florida  | <input type="checkbox"/> Maine  | <input type="checkbox"/> New Jersey    | <input type="checkbox"/> South Carolina            | <input type="checkbox"/> Wyoming             |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Georgia  | <input checked="" type="checkbox"/> Maryland  | <input type="checkbox"/> New Mexico    | <input type="checkbox"/> South Dakota              |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. ☐ Check if prior to 1/1/1999, otherwise Year 2006 Month 8

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Block 3: Carrier's Carrier Revenue Information

|   |                              |   |      |   |        |
|---|------------------------------|---|------|---|--------|
| 301 Filer 499 ID [from Line 101]  | 625978                       |   |      |   |        |
| 302 Legal name of reporting entity [from Line 102]  | airband communications, inc. |   |      |   |        |
| Report billed revenues for January 1 through December 31, 2006.<br>Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. | Total Revenues<br>(a)        | If breakouts are not book amounts, enter whole percentage estimates<br>Interstate (b) International (c) |      | Breakouts<br>Interstate Revenues (d) International Revenues (e) |        |
| See instructions regarding percent interstate & international.<br>Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms            |                              |   |      |   |        |
| <u>Fixed local service</u>  |                              |   |      |   |        |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs  |                              |   |      |   |        |
| 303.1 Provided as unbundled network elements (UNEs)   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 303.2 Provided under other arrangements   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| <u>Per-minute charges for originating or terminating calls</u>  |                              |   |      |   |        |
| 304.1 Provided under state or federal access tariff   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 304.2 Provided as unbundled network elements or other contract arrangement  | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| <u>Local private line &amp; special access service</u>  |                              |   |      |   |        |
| 305.1 Provided to other contributors for resale as telecommunications   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 305.2 Provided to other contributors for resale as interconnected VoIP [All such revenue for 2006 must be reported as end-user revenue]   |                              |   |      |   |        |
| 306 Payphone compensation from toll carriers  | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 307 Other local telecommunications service revenues   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 308 Universal service support revenues received from Federal or state sources   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| <u>Mobile services (including wireless telephony, paging &amp; messaging, and other mobile services)</u>  |                              |   |      |   |        |
| 309 Monthly, activation, and message charges except toll  | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| <u>Toll services</u>  |                              |   |      |   |        |
| 310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 312 Long distance private line services   | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 313 Satellite services  | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 314 All other long distance services  | \$0.00                       | 0.00  | 0.00 | \$0.00  | \$0.00 |
| 315 Total revenues provided for resale [Lines 303 through 314]  | 0                            | 0   | 0    | 0   | 0      |

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2006 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

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Block 4-A: End-User and Non-Telecommunications Revenue Information

|  |                              |   |                   |                         |                            |
|--|------------------------------|---|-------------------|-------------------------|----------------------------|
| 401 Filer 499 ID (from Line 101)   | 625078                       |   |                   |                         |                            |
| 402 Legal name of reporting entity (from Line 102)   | airband communications, inc. |   |                   |                         |                            |
| Report billed revenues for January 1 through December 31, 2006.<br>Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.<br>See instructions regarding percent interstate & international.  | Total Revenues               | If breakouts are not book amounts, enter whole percentage estimates |                   | Breakouts               |                            |
|  | (a)                          | Interstate (b)  | International (c) | Interstate Revenues (d) | International Revenues (e) |
| Revenues from All Other Sources (end-user telecom. & non-telecom.)   |                              |   |                   |                         |                            |
| 403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions   | \$33,757.00                  | 100.00  | 0.00              | \$33,757.00             | \$0.00                     |
| <u>Fixed local services</u>  |                              |   |                   |                         |                            |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PCCC charges   | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| <u>traditional circuit switched</u>  |                              |   |                   |                         |                            |
| 404.1 Provided at a flat rate including interstate toll service -- local portion   |                              |   |                   |                         |                            |
| 404.2 Provided at a flat rate including interstate toll service -- toll portion  | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| 404.3 Provided without interstate toll included (see instructions)   | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| <u>interconnected VoIP</u>   |                              |   |                   |                         |                            |
| 404.4 Offered in conjunction with a broadband connection   | \$890,412.00                 | 100.00  | 0.00              | \$890,412.00            | \$0.00                     |
| 404.5 Offered independent of a broadband connection  | \$24,297.00                  | 100.00  | 0.00              | \$24,297.00             | \$0.00                     |
| 405 Tariffed subscriber line charges and PCCC charges levied by a local exchange carrier on a no-PIC customer  | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| 406 Local private line & special access service [Through August 13, 2006, includes the transmission portion of wireline broadband Internet access. After August 13, 2006, includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.] | \$3,752,961.00               | 100.00  | 0.00              | \$3,752,961.00          | \$0.00                     |
| 407 Payphone coin revenues (local and long distance)   | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| 408 Other local telecommunications service revenues  | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| <u>Mobile services (including wireless telephony, paging &amp; messaging, and other mobile services)</u>   |                              |   |                   |                         |                            |
| 409 Monthly and activation charges   | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |
| 410 Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges  | \$0.00                       | 0.00  | 0.00              | \$0.00                  | \$0.00                     |

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Block 4-A: Continued

|  | Total Revenues<br>(a) | If breakouts are not book amounts, enter whole percentage estimates |               | Breakouts                  |                               |
|--|-----------------------|---|---------------|----------------------------|-------------------------------|
|  |                       | Interstate  | International | Interstate Revenues<br>(d) | International Revenues<br>(e) |
| <b>Toll services</b>   |                       |   |               |                            |                               |
| 411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards  | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| 412 International calls that both originate and terminate in foreign points  | \$0.00                | 0%  | 100%          |                            | \$0.00                        |
| 413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412   | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, <u>PICC pass-through, and other switched services not reported above</u> )  |                       |   |               |                            |                               |
| 414.1 All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills   | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| 414.2 All interconnected VoIP long distance, including, but not limited to, itemized toll  | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| 415 Long distance private line services  | \$209,613.00          | 100.00  | 0.00          | \$209,613.00               | \$0.00                        |
| 416 Satellite services   | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| 417 All other long distance services   | \$0.00                | 0.00  | 0.00          | \$0.00                     | \$0.00                        |
| Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues. (See instructions.) |                       |   |               |                            |                               |
| 418.1 bundled with circuit switched local exchange service   | \$0.00                |   |               |                            |                               |
| 418.2 bundled with interconnected VoIP local exchange service  | \$0.00                |   |               |                            |                               |
| 418.3 other  | \$8,853,898.00        |   |               |                            |                               |

Block 4-B: Total Revenue and Uncollectible Revenue Information

|   |                 |  |                |        |
|---|-----------------|--|----------------|--------|
| 419 Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]         | \$13,785,238.00 |  | \$4,911,240.00 | \$0.00 |
| 420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.     | \$4,911,240.00  |  | \$4,911,240.00 | \$0.00 |
| 421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26] | \$120,000.00    |  | \$120,000.00   | \$0.00 |
| 422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420              | \$0.00          |  | \$0.00         | \$0.00 |
| 423 Net universal service contribution base revenues [Line 420 minus line 422]  | 4911240         |  | 4911240        | 0      |

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Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]

025070

502 Legal name of reporting entity [from Line 102]

airband communications, inc.

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510.

See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

|                   |   | Block 3<br>Carrier's<br>Carrier<br>(a) | Block 4<br>End-User<br>Telecom.<br>(b) |
|-------------------|---|--|--|
| 503 Southeast:    | Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands        | 0 %                                    | 3 %                                    |
| 504 Western:      | Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming | 0 %                                    | 26 %                                   |
| 505 West Coast:   | California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.                          | 0 %                                    | 7 %                                    |
| 506 Mid-Atlantic: | Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia   | 0 %                                    | 11 %                                   |
| 507 Mid-West:     | Illinois, Indiana, Michigan, Ohio, and Wisconsin  | 0 %                                    | 0 %                                    |
| 508 Northeast:    | Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont   | 0 %                                    | 0 %                                    |
| 509 Southwest:    | Arkansas, Kansas, Missouri, Oklahoma, and Texas   | 0 %                                    | 53 %                                   |
| 510 Total         | [Percentages must add to 0 or 100.]   | 0 %                                    | 100 %                                  |

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

|   | (a)<br>Total Revenues | (b)<br>Interstate and International |
|---|-----------------------|-------------------------------------|
| Revenues from resellers that do not contribute to Universal Service | \$ 0                  | \$ 0                                |

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Block 6: CERTIFICATION: To be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

825978

602 Legal name of reporting entity [from Line 102]

airband communications, inc.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to:

Universal Service ☐

TRS ☐

NANPA ☐

LNP Administration ☐

I certify that the reporting entity is an interconnected VoIP filer became subject to FCC Form 499 filing requirements on or after August 1, 2006 and therefore is reporting revenues in Blocks 3, 4, and 5 for the fourth quarter of 2006 instead of for the entire calendar year. ☐

Provide explanation below:

604 Please indicate whether the reporting entity is

State or Local Government Entity ☐

I.R.C. § 501 Tax Exempt ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☐

I certify that I am an officer of the above-named reporting entity as defined on page 28 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature

*John McKeogh*

607 Printed name of officer

First Name JOHN

MI Y

Last Name McKeogh

608 Position with reporting entity

VP of Finance/Secretary CHIEF OPERATING OFFICER

609 Business telephone number of officer

( 469 ) - 791-8049 0022 ext -

610 Email of officer [Required if available - not for public release]

mcckeogh@airband.com JMCLEOD@AIRBAND.COM

611 Date

03/29/2007

612 Check those that apply:



Original April 1 filing for year



New filer, registration only



Revised filing with updated registration



Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036

For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

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## **Exhibit 3**

AMENDED

2007 FCC Form 499-A Telecommunications Reporting Worksheet- (Reporting Calendar 2006 Revenues)

Approval by OMB  
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing - due April 1, 2007

Block 1 Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See instructions.

101 Filer 499 ID (If you don't know your number, contact the administrator at (888) 641-8722.

If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.)

825978

102 Legal name of reporting entity

AIRBAND COMMUNICATIONS, INC.

103 IRS employer identification number

(Enter 9 digit number) 86-8984072

104 Name telecommunications provider is doing business as

AIRBAND COMMUNICATIONS

105 Telecommunications activities of filer (Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance - see directions.)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> CAP/LEC                                       | <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) | <input type="checkbox"/> Coaxial Cable                   | <input type="checkbox"/> Incumbent LEC              |
| <input checked="" type="checkbox"/> Interconnected VoIP                | <input type="checkbox"/> Interexchange Carrier (IXC)                           | <input type="checkbox"/> Operator Service Provider (OSP) | <input type="checkbox"/> Paging & Messaging         |
| <input type="checkbox"/> Payphone Service Provider                     | <input type="checkbox"/> Local Reseller  | <input type="checkbox"/> Private Service Provider        | <input type="checkbox"/> Satellite Service Provider |
| <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC | <input type="checkbox"/> Prepaid Card  | <input type="checkbox"/> Toll Reseller                   | <input checked="" type="checkbox"/> Wireless Data   |
| <input type="checkbox"/> SMR (dispatch)                                | <input type="checkbox"/> Other Local   | <input type="checkbox"/> Other Mobile                    | <input type="checkbox"/> Other Toll                 |

If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: →

106.1 Holding company name (All affiliated companies must show the same name on this line.)

AIRBAND COMMUNICATIONS HOLDINGS, INC.

106.2 Holding company IRS employer identification number

(Enter 9 digit number) 86-0984072

107 FCC Registration Number (FRN) [ https://svartifoss2.fcc.gov/cores/CorestHome.html ]  
(For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov)

(Enter 10 digit number) 0860-9840-72

108 Management company (if filer is managed by another entity)

109 Complete mailing address of reporting entity corporate headquarters

Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.

Street1 14800 LANDMARK BLVD, SUITE 500

Street 2

Street 3

City DALLAS

State TX

Zip (postal code) 75254

Country if not USA

110 Complete business address for customer inquiries and complaints

check if same address as Line 109 ☒

Street1

Street 2

Street 3

City

State

Zip (postal code)

Country if not USA

111 Telephone number for customer complaints and inquiries (Toll-free number if available)

(866) - 247-2263 ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a AIRBAND COMMUNICATIONS

b ACCELACOM

c GO-COMM

d VOLONET TECHNOLOGIES, INC.

e WIDECHANNEL COMMUNICATIONS, INC.

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

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Page 2

Block 2-A: Regulatory Contact Information

|   |  |                 |                                      |
|---|--|-----------------|--------------------------------------|
| 201 Filer 499 ID [from Line 101]  | 825978   |                 |                                      |
| 202 Legal name of reporting entity [from Line 102]  | AIRBRAND COMMUNICATIONS, INC                           |                 |                                      |
| 203 Person who completed this Worksheet   | First  | MI              | Last                                 |
|   | MULU   |                 | DIRASSE                              |
| 204 Telephone number of this person   | ( ) - ext -  |                 |                                      |
| 205 Fax number of this person   | ( ) -  |                 |                                      |
| 206 Email of this person    Required if available -- not for public release   |  |                 |                                      |
| 207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent  | Office   | Attn First name | MI Last                              |
|   |  | MULU            | DIRASSE                              |
|   | Email    Required if available, not for public release | Phone           | ext - Fax                            |
|   |  | (469) - 7910053 | (469) - 3749071                      |
|   | Street 1   |                 |                                      |
|   | Street 2   |                 |                                      |
|   | Street 3   |                 |                                      |
|   | City   | State           | Zip (postal code) Country if not USA |
| 208 Billing address and billing contact person:<br>[Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.] | Company  | Attn First name | MI Last                              |
|   |  |                 |                                      |
|   | Email    Required if available, not for public release | Phone           | ext - Fax                            |
|   |  | ( ) -           | ( ) -                                |
|   | Street 1   |                 |                                      |
|   | Street 2   |                 |                                      |
|   | Street 3   |                 |                                      |
|   | City   | State           | Zip (postal code) Country if not USA |

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

|  |                        |                 |                                      |
|--|------------------------|-----------------|--------------------------------------|
| 209 D.C. Agent for Service of Process per 47 U.S.C. § 413                            | Company                | Attn First name | MI R Last                            |
|  | PAUL, HASTINGS, LLP    | DAVID           | SIDDALL                              |
| 210 Telephone number of D.C. agent   | (202) - 551-1802 ext - |                 |                                      |
| 211 Fax number of D.C. agent   | (202) - 551-1202       |                 |                                      |
| 212 Email of D.C. agent    Required if available                                     |                        |                 |                                      |
| 213 Complete business address of D.C. agent for hand service of documents            | Street 1               |                 |                                      |
|  | Street 2               |                 |                                      |
|  | Street 3               |                 |                                      |
|  | City                   | State           | Zip                                  |
|  |                        | DC              |                                      |
| 214 Local/alternate Agent for Service of Process (optional)                          | Company                | Attn First name | MI Last                              |
| 215 Telephone number of local/alternate agent  | ( ) - ext -            |                 |                                      |
| 216 Fax number of local/alternate agent  | ( ) -                  |                 |                                      |
| 217 Email of local/alternate agent    Required if available                          |                        |                 |                                      |
| 218 Complete business address of local/alternate agent for hand service of documents | Street 1               |                 |                                      |
|  | Street 2               |                 |                                      |
|  | Street 3               |                 |                                      |
|  | City                   | State           | Zip (postal code) Country if not USA |

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Page 3

Block 2-C FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6

if there are any changes in this section. See Instructions.

|   |   |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
|---|---|--|--|--|-------------------------------|--|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|-----------------------------------|--|---|---|--------------------------------|---------------------------------------|---------------------------------------|-------------------------------|---|-----------------------------------|------------------------------------|---|--|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|----------------------------------|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|-----------------------------------|--|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|--|---|------------------------------------|--|---------------------------------------|------------------------------------|----------------------------------|--------------------------------|-------------------------------------|---|----------------------------------|----------------------------------|--|-------------------------------------|---------------------------------------|--|
| 219 Filer 499 ID [from Line 101] -  | 825978  |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 220 Legal name of reporting entity [from Line 102]  | AIRBAND COMMUNICATIONS, INC.  |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)  | First<br>MARK   | MI<br>F                                | Last<br>SPAGNOLO                                   |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 222 Business address of individual named on Line 221<br><br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street 1<br>Street 2<br>Street 3<br>City State Zip (postal code) Country if not USA |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)   | First<br>JOHN   | MI                                     | Last<br>MCLEOD                                     |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 224 Business address of individual named on Line 223<br><br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street 1<br>Street 2<br>Street 3<br>City State Zip (postal code) Country if not USA |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)   | First   | MI                                     | Last   |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 226 Business address of individual named on Line 225<br><br>check if same as Line 109 <input checked="" type="checkbox"/>   | Street 1<br>Street 2<br>Street 3<br>City State Zip (postal code) Country if not USA |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| 227 Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.  |   |  |  |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <table border="0"> <tr> <td><input type="checkbox"/> Alabama</td> <td><input type="checkbox"/> Guam</td> <td><input type="checkbox"/> Massachusetts</td> <td><input type="checkbox"/> New York</td> <td><input type="checkbox"/> Tennessee</td> </tr> <tr> <td><input type="checkbox"/> Alaska</td> <td><input type="checkbox"/> Hawaii</td> <td><input type="checkbox"/> Michigan</td> <td><input checked="" type="checkbox"/> North Carolina</td> <td><input checked="" type="checkbox"/> Texas</td> </tr> <tr> <td><input type="checkbox"/> American Samoa</td> <td><input type="checkbox"/> Idaho</td> <td><input type="checkbox"/> Midway Atoll</td> <td><input type="checkbox"/> North Dakota</td> <td><input type="checkbox"/> Utah</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arizona</td> <td><input type="checkbox"/> Illinois</td> <td><input type="checkbox"/> Minnesota</td> <td><input type="checkbox"/> Northern Mariana Islands</td> <td><input type="checkbox"/> U.S. Virgin Islands</td> </tr> <tr> <td><input type="checkbox"/> Arkansas</td> <td><input type="checkbox"/> Indiana</td> <td><input type="checkbox"/> Mississippi</td> <td><input type="checkbox"/> Ohio</td> <td><input type="checkbox"/> Vermont</td> </tr> <tr> <td><input checked="" type="checkbox"/> California</td> <td><input type="checkbox"/> Iowa</td> <td><input type="checkbox"/> Missouri</td> <td><input type="checkbox"/> Oklahoma</td> <td><input type="checkbox"/> Virginia</td> </tr> <tr> <td><input type="checkbox"/> Colorado</td> <td><input type="checkbox"/> Johnston Atoll</td> <td><input type="checkbox"/> Montana</td> <td><input type="checkbox"/> Oregon</td> <td><input type="checkbox"/> Wake Island</td> </tr> <tr> <td><input type="checkbox"/> Connecticut</td> <td><input type="checkbox"/> Kansas</td> <td><input type="checkbox"/> Nebraska</td> <td><input checked="" type="checkbox"/> Pennsylvania</td> <td><input type="checkbox"/> Washington</td> </tr> <tr> <td><input type="checkbox"/> Delaware</td> <td><input type="checkbox"/> Kentucky</td> <td><input type="checkbox"/> Nevada</td> <td><input type="checkbox"/> Puerto Rico</td> <td><input type="checkbox"/> West Virginia</td> </tr> <tr> <td><input type="checkbox"/> District of Columbia</td> <td><input type="checkbox"/> Louisiana</td> <td><input type="checkbox"/> New Hampshire</td> <td><input type="checkbox"/> Rhode Island</td> <td><input type="checkbox"/> Wisconsin</td> </tr> <tr> <td><input type="checkbox"/> Florida</td> <td><input type="checkbox"/> Maine</td> <td><input type="checkbox"/> New Jersey</td> <td><input type="checkbox"/> South Carolina</td> <td><input type="checkbox"/> Wyoming</td> </tr> <tr> <td><input type="checkbox"/> Georgia</td> <td><input checked="" type="checkbox"/> Maryland</td> <td><input type="checkbox"/> New Mexico</td> <td><input type="checkbox"/> South Dakota</td> <td></td> </tr> </table> |   |  |  | <input type="checkbox"/> Alabama             | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas | <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah | <input checked="" type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands | <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont | <input checked="" type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia | <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington | <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia | <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming | <input type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota |  |
| <input type="checkbox"/> Alabama  | <input type="checkbox"/> Guam   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York                  | <input type="checkbox"/> Tennessee           |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Alaska   | <input type="checkbox"/> Hawaii   | <input type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas    |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> American Samoa   | <input type="checkbox"/> Idaho  | <input type="checkbox"/> Midway Atoll  | <input type="checkbox"/> North Dakota              | <input type="checkbox"/> Utah                |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input checked="" type="checkbox"/> Arizona   | <input type="checkbox"/> Illinois   | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Northern Mariana Islands  | <input type="checkbox"/> U.S. Virgin Islands |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Indiana  | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Ohio                      | <input type="checkbox"/> Vermont             |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input checked="" type="checkbox"/> California  | <input type="checkbox"/> Iowa   | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Oklahoma                  | <input type="checkbox"/> Virginia            |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Colorado   | <input type="checkbox"/> Johnston Atoll   | <input type="checkbox"/> Montana       | <input type="checkbox"/> Oregon                    | <input type="checkbox"/> Wake Island         |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Connecticut  | <input type="checkbox"/> Kansas   | <input type="checkbox"/> Nebraska      | <input checked="" type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Washington          |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Delaware   | <input type="checkbox"/> Kentucky   | <input type="checkbox"/> Nevada        | <input type="checkbox"/> Puerto Rico               | <input type="checkbox"/> West Virginia       |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> District of Columbia   | <input type="checkbox"/> Louisiana  | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island              | <input type="checkbox"/> Wisconsin           |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Florida  | <input type="checkbox"/> Maine  | <input type="checkbox"/> New Jersey    | <input type="checkbox"/> South Carolina            | <input type="checkbox"/> Wyoming             |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |
| <input type="checkbox"/> Georgia  | <input checked="" type="checkbox"/> Maryland  | <input type="checkbox"/> New Mexico    | <input type="checkbox"/> South Dakota              |  |                               |  |                                   |                                    |                                 |                                 |                                   |  |   |   |                                |                                       |                                       |                               |   |                                   |                                    |   |  |                                   |                                  |                                      |                               |                                  |  |                               |                                   |                                   |                                   |                                   |   |                                  |                                 |                                      |                                      |                                 |                                   |  |                                     |                                   |                                   |                                 |                                      |  |   |                                    |  |                                       |                                    |                                  |                                |                                     |   |                                  |                                  |  |                                     |                                       |  |

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. ☐ Check if prior to 1/1/1999, otherwise Year Month

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Block 3: Carrier's Carrier Revenue Information

|   |                              |   |                   |                         |                            |
|---|------------------------------|---|-------------------|-------------------------|----------------------------|
| 301 Filer 499 ID [from Line 101]  | 825978                       |   |                   |                         |                            |
| 302 Legal name of reporting entity [from Line 102]  | AIRRAND COMMUNICATIONS, INC. |   |                   |                         |                            |
| Report billed revenues for January 1 through December 31, 2006.<br>Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. | Total Revenues               | If breakouts are not book amounts, enter whole percentage estimates |                   | Breakouts               |                            |
|   | (a)                          | Interstate (b)  | International (c) | Interstate Revenues (d) | International Revenues (e) |
| See instructions regarding percent interstate & international.<br>Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms            |                              |   |                   |                         |                            |
| <u>Fixed local service</u>  |                              |   |                   |                         |                            |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs  |                              |   |                   |                         |                            |
| 303.1 Provided as unbundled network elements (UNEs)   | 0                            |   |                   |                         |                            |
| 303.2 Provided under other arrangements   | 0                            |   |                   |                         |                            |
| <u>Per-minute charges for originating or terminating calls</u>  |                              |   |                   |                         |                            |
| 304.1 Provided under state or federal access tariff   | 0                            |   |                   |                         |                            |
| 304.2 Provided as unbundled network elements or other contract arrangement  | 0                            |   |                   |                         |                            |
| <u>Local private line &amp; special access service</u>  |                              |   |                   |                         |                            |
| 305.1 Provided to other contributors for resale as telecommunications   | 0                            |   |                   |                         |                            |
| 305.2 Provided to other contributors for resale as interconnected VoIP [All such revenue for 2006 must be reported as end-user revenue]   |                              |   |                   |                         |                            |
| 306 Payphone compensation from toll carriers  | 0                            |   |                   |                         |                            |
| 307 Other local telecommunications service revenues   | 0                            |   |                   |                         |                            |
| 308 Universal service support revenues received from Federal or state sources   | 0                            |   |                   |                         |                            |
| <u>Mobile services (including wireless telephony, paging &amp; messaging, and other mobile services)</u>  |                              |   |                   |                         |                            |
| 309 Monthly, activation, and message charges except toll  | 0                            |   |                   |                         |                            |
| <u>Toll services</u>  |                              |   |                   |                         |                            |
| 310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)   | 0                            |   |                   |                         |                            |
| 311 Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) | 0                            |   |                   |                         |                            |
| 312 Long distance private line services   | 0                            |   |                   |                         |                            |
| 313 Satellite services  | 0                            |   |                   |                         |                            |
| 314 All other long distance services  | 0                            |   |                   |                         |                            |
| 315 Total revenues provided for resale [Lines 303 through 314]  | 0                            |   |                   |                         |                            |

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2006 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

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Block A: End-User and Non-Telecommunications Revenue Information

|  |                |   |                   |                         |                            |
|--|----------------|---|-------------------|-------------------------|----------------------------|
| 401 Filer 499 ID [from Line 101]   |                |   |                   |                         |                            |
| 402 Legal name of reporting entity [from Line 102]   |                |   |                   |                         |                            |
| Report billed revenues for January 1 through December 31, 2006.<br>Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.<br>See instructions regarding percent interstate & international.  | Total Revenues | If breakouts are not book amounts, enter whole percentage estimates |                   | Breakouts               |                            |
|  | (a)            | Interstate (b)  | International (c) | Interstate Revenues (d) | International Revenues (e) |
| <b>Revenues from All Other Sources (end-user telecom. &amp; non-telecom.)</b>  |                |   |                   |                         |                            |
| 403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions   | 8,439          | .0346%  | 0.0               | 3                       | 0                          |
| <b>Fixed local services</b>  |                |   |                   |                         |                            |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges   |                |   |                   |                         |                            |
| <i>traditional circuit-switched</i>  |                |   |                   |                         |                            |
| 404.1 Provided at a flat rate including interstate toll service -- local portion   | 0              |   |                   |                         |                            |
| 404.2 Provided at a flat rate including interstate toll service -- toll portion  | 0              |   |                   |                         |                            |
| 404.3 Provided without interstate toll included (see instructions)   | 0              |   |                   |                         |                            |
| <i>interconnected VoIP</i>   |                |   |                   |                         |                            |
| 404.4 Offered in conjunction with a broadband connection   | 126,999        | .0346%  | 0.0               | 44                      | 0                          |
| 404.5 Offered independent of a broadband connection  | 776            | .0346%  | 0.0               | 1                       | 0                          |
| 405 Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer  | 0              |   |                   |                         |                            |
| 406 Local private line & special access service [Through August 13, 2006, includes the transmission portion of wireline broadband Internet access. After August 13, 2006, includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.] | 964,914        | .0346%  | 0.0               | 334                     |                            |
| 407 Payphone coin revenues (local and long distance)   | 0              |   |                   |                         |                            |
| 408 Other local telecommunications service revenues  | 0              |   |                   |                         |                            |
| <b>Mobile services (including wireless telephony, paging &amp; messaging, and other mobile services)</b>   |                |   |                   |                         |                            |
| 409 Monthly and activation charges   | 0              |   |                   |                         |                            |
| 410 Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges  | 0              |   |                   |                         |                            |

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|   |  | Total Revenues<br>(a) | If breakouts are not book amounts, enter whole percentage estimates |               | Breakouts                  |                               |
|---|--|-----------------------|---|---------------|----------------------------|-------------------------------|
|   |  |                       | Interstate  | International | Interstate Revenues<br>(d) | International Revenues<br>(e) |
| <b>Toll services</b>  |  |                       |   |               |                            |                               |
| 411   | Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards  | 0                     |   |               |                            |                               |
| 412   | International calls that both originate and terminate in foreign points  | 0                     | 0%  | 100%          |                            |                               |
| 413   | Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412 | 0                     |   |               |                            |                               |
| Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PCCC pass-through, and other switched services not reported above)   |  |                       |   |               |                            |                               |
| 414.1   | All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills   | 0                     |   |               |                            |                               |
| 414.2   | All interconnected VoIP long distance, including, but not limited to, itemized toll  | 0                     |   |               |                            |                               |
| 415   | Long distance private line services  | 0                     |   |               |                            |                               |
| 416   | Satellite services   | 0                     |   |               |                            |                               |
| 417   | All other long distance services   | 0                     |   |               |                            |                               |
| Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See Instructions.) |  |                       |   |               |                            |                               |
| 418.1   | bundled with circuit switched local exchange service   | 0                     |   |               |                            |                               |
| 418.2   | bundled with interconnected VoIP local exchange service  | 0                     |   |               |                            |                               |
| 418.3   | other  | 3,200,609             |   |               |                            |                               |
| <b>Block 420 Total Revenue and Uncollectible Revenue Information</b>  |  |                       |   |               |                            |                               |
| 419   | Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]                                    | 4,301,731             |   |               | 4,982                      |                               |
| 420   | Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.                                | 1,101,128             |   |               | 382                        |                               |
| 421   | Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]                            | 30,000                |   |               | 10                         |                               |
| 422   | Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420   | 0                     |   |               | 0                          |                               |
| 423   | Net universal service contribution base revenues [Line 420 minus line 422]   | 1,101,128             |   |               | 382                        |                               |

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Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]

825 978

502 Legal name of reporting entity [from Line 102]

AIRBAND COMMUNICATIONS, INC.

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510.

See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

|                   |  | Block 3<br>Carrier's<br>Carrier<br>(a) | Block 4<br>End-User<br>Telecom.<br>(b) |
|-------------------|--|--|--|
| 503 Southeast:    | Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, -<br>Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands      | 0 %                                    | 3 %                                    |
| 504 Western:      | Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico,<br>North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming | 0 %                                    | 26 %                                   |
| 505 West Coast:   | California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll,<br>Northern Mariana Islands, and Wake Island.                          | 0 %                                    | 7 %                                    |
| 506 Mid-Atlantic: | Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and<br>West Virginia   | 0 %                                    | 11 %                                   |
| 507 Mid-West:     | Illinois, Indiana, Michigan, Ohio, and Wisconsin   | 0 %                                    | 0 %                                    |
| 508 Northeast:    | Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont  | 0 %                                    | 0 %                                    |
| 509 Southwest:    | Arkansas, Kansas, Missouri, Oklahoma, and Texas  | 0 %                                    | 53 %                                   |
| 510 Total         | [Percentages must add to 0 or 100.]  | 0 %                                    | 100 %                                  |

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC Interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See Instructions.)

|   | (a)            | (b)                          |
|---|----------------|------------------------------|
|   | Total Revenues | Interstate and International |
| Revenues from resellers that do not contribute to Universal Service | \$             | \$                           |

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Block 6: CERTIFICATION to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

825 978

602 Legal name of reporting entity [from Line 102]

AIRBAND COMMUNICATIONS, INC.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to:

Universal Service ☐

TRS ☐

NANPA ☐

LNP Administration ☐

I certify that the reporting entity is an interconnected VoIP filer became subject to FCC Form 499 filing requirements on or after August 1, 2006 and therefore is reporting revenues in Blocks 3, 4, and 5 for the fourth quarter of 2006 instead of for the entire calendar year. ☐

Provide explanation below:

604 Please indicate whether the reporting entity is

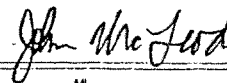
State or Local Government Entity ☐

I.R.C. § 501 Tax Exempt ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. ☐

I certify that I am an officer of the above-named reporting entity as defined on page 28 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature



607 Printed name of officer

First JOHN

MI

Last

MC LEOD

608 Position with reporting entity

CHIEF OPERATING OFFICER

609 Business telephone number of officer

( ) -

ext -

610 Email of officer || Required if available -- not for public release ||

611 Date

612 Check those that apply:

☐ Original April 1 filing for year

☐ New filer, registration only

☐ Revised filing with updated registration

☒ Revised filing with updated revenue data

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